



1775

## FEE TRANSMITTAL

		<i>Complete if known</i>
		Application Number: 10/076,858
		Filing Date: February 14, 2002
		First Named Inventor: Steinberg
		Group Art Unit: 1775
		Examiner Name: Stephen J. Stein
Total Amt. of Payment: (1)+(2)+(3)=	\$0	Attorney Docket No.: R&H 03-19; DN: 51969 (ACT - 183/184)

METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)																	
1. The Commissioner is hereby authorized to: <input type="checkbox"/> Charge indicated fees <input checked="" type="checkbox"/> Charge additional fees <input checked="" type="checkbox"/> Credit overpayments to the account of DANN, DORFMAN, HERRELL & SKILLMAN Deposit Account Number <u>04-1406</u>		<b>ADDITIONAL FEES</b> <b>Fee Description</b> <b>Fee Paid</b> Surcharge-late filing fee or oath _____ Surcharge - late provisional filing fee or cover sheet _____ Extension for response within first month _____ Extension for response within second month _____ Extension for response within third month _____ Extension for response within fourth month _____ Notice of Appeal _____ Filing a brief in support of an appeal _____ Request for oral hearing _____ Petition to revive unavoidably abandoned application _____ Petition to revive unintentionally abandoned application _____ Issue fee _____ Petitions to the Commissioner _____ Petitions related to provisional applications _____ Submission of Information Disclosure Stmt. _____ Recording each patent assignment per property _____ Other fee (specify) <u>Advance Order (10 copies)</u> _____ Other fee (specify) _____ <b>SUBTOTAL (3) \$0</b>																	
<b>FEE CALCULATION</b> 1. FILING FEE <b>Fee Description</b> <b>Fee</b> Utility filing fee _____ Design filing fee _____ Plant filing fee _____ Reissue filing fee _____ Provisional filing fee _____ <b>SUBTOTAL (1) \$0</b>																			
2. Claims <table> <thead> <tr> <th></th> <th>Paid</th> <th>Extr</th> <th>Fee</th> </tr> </thead> <tbody> <tr> <td>Total Claims</td> <td>-</td> <td>= 0</td> <td>x 9 = 0</td> </tr> <tr> <td>Independent Claims</td> <td>-</td> <td>= 0</td> <td>x 42 = 0</td> </tr> <tr> <td>Multiple Dependent (First presentation)</td> <td></td> <td></td> <td></td> </tr> </tbody> </table> <b>SUBTOTAL (2) \$0</b>			Paid	Extr	Fee	Total Claims	-	= 0	x 9 = 0	Independent Claims	-	= 0	x 42 = 0	Multiple Dependent (First presentation)				<b>SUBTOTAL (3) \$0</b>	
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Submitted By:

Typed or

Printed Name Niels Haun

Reg. Number 48,488

Deposit Account User ID

04-1406

Signature Niels Haun

Date April 28, 2004